State of Alaska
WIC Grantee Caseload & Funding Formula Analysis
Preliminary Findings Meeting Notes
10/30/06

Attendees

DHSS, OCS, FNS, WIC Program
- Claudia Shanley
- Kathleen Wayne
- Becky Carrillo
- Fatima Hoger
- Dana Kent
- Debbie Loveid
- Daniel Collison
- Bethanie White

DHSS, FMS, Grants and Contracts, Juneau
- Chris Carson
- Diana Stevens

CTG, Inc.
- Bob Anderson
- Wendell Rylander
- Ron Aryel

Anchorage Neighborhood Health Center (ANHC), Anchorage
- Caren Webb

Armed Services YMCA, Anchorage
- David Brown
- Elaine Nisonger

Bristol Bay Area Health Corp. (BBAHC),
- Suzy Nelson

Food Bank of Alaska, (Anchorage)
- Shawn Powers

Kodiak Area Native Association (KANA), Kodiak
- Gwyn Anderson

Municipality of Anchorage (MOA), Anchorage
- Diane Ingle
- Margaret Duggan

North Slope Borough (NSB), Barrow
- Wendy Christianson

Providence Hospital, Anchorage
- Lynn Copoulos

Resource Center for Parents and Children (RCPC), Fairbanks
- Anne Burtness

SouthEast Alaska Regional Health Consortium (SEARHC), Juneau
- Susan Hennon

University of Alaska, Anchorage (UAA), Anchorage
- Kendra Sticka
- Danielle Rybicki

Yukon-Kuskokwim Health Corporation (YKHC), Bethel
- Ester Ocampo

Unknown
- Gail Kepler

Project History & Purpose, Approach, Major Interview Findings
Questions and Comments:

Diane Ingle: Do we have hard data on findings of salary differences between rural and urban areas? Where did you get your data from? Different states? You should have data on RD's.

Bob Anderson: We have several different sources to which we have the ability to obtain data. That is part of the issue. What sources should we consider for accurate data? No results yet. We are yet conducting an analysis. To average all jobs together doesn't give specifics. We do have data on RD's and we trust that data to be correct.

Shawn Powers: Did you ask the LA's where they perceived the gaps in coverage are? For instance, people who are eligible but who aren't enrolled in WIC? If so, did you notice any patterns, especially rural vs. urban?

Bob Anderson: The answer to the first question is yes, especially the Medicaid recipient dataset. We haven't gotten through the dataset to see the pattern yet. That will be coming, because this is part of the outreach plan with the WIC project. Imagine that we identify a large number of WIC-eligible participants. Half of these individuals are dispersed one person per zip code. The other half has multiple people per zip code. It makes sense to put the funding where the people are.

A lot of our data is collected by zip code. If you pick these areas as the areas you want to improve, then later as we build the WIC program up to more and more people, then you can start looking in the other areas where we can improve enrollment. Our goal is to get everyone who is eligible qualified.

Diane Ingle: There are transportation issues and geography factors to take into account. Services are different for rural vs. urban.

Bob Anderson: Expensive in time and dollars to travel to rural areas. If you didn't have to travel, money could be spent in other areas.

Susan Hennon: Why were Montana and Missouri selected for interviews?

Daniel Collison: When we were originally talking with USDA to identify other states to have this discussion with, we were looking at states that went through similar processes. Both Missouri and Montana tried to make changes with regards to a funding formula. Both states also tried to implement a regionalization structure to realize cost savings through realignment of LA's. We wanted to find out about their processes and what happened as a consequence of those processes.

Caren Webb: It sounds like the USDA has provided you with a lot of assistance. LA's have historically had staff vs. client ratios, and I'm wondered how such a ratio would fit into a funding formula. Also, are staff ratios something that came about because other states were doing it?

Bob Anderson: The major contribution given by the USDA is the money they send and they set up general rules under which you have to run your WIC program. I got the impression that from here on in you want to run your program the best way you know how. They give you support like memo's that deal with costs. The ways you actually run your program, how many agencies you have is not provided by USDA.

Becky Carrillo: The information given on the staff vs. client ratio was given 7-8 years ago in response to this very difficult dilemma of cost allocation funding. Through the participation of the WIC coordinators we decided we would allocate a participant to staff ratio of 1:350 for urban areas and a 1:250 for rural areas. At that time it was taken into consideration all the different constraints that are apparent to the delivery of services in both of these areas.

Daniel Collison: When we originally talked to CTG about this project, we were interested in trying to identify staff ratios. One of the things we found out was that USDA had released a study in January of this year that addressed staffing ratios. They hired a contractor to look at staffing rations in LA's in three to six states. The contractor's recommendation was no recommendation. They said, at the LA level there were too many factors that contributed to the staffing levels in those LA's, and it was very difficult to try to come up with some type of state standard. The contractor's recommendation was that USDA study this issue more. Given that, and the kind of reluctance of other state agencies to set these standards, we didn't think we'd get a lot of mileage further investigating this.

David Brown: I believe the vagary given in the response by the USDA is a possibility that they are allowing a lot of options as far as designing the WIC program to best fit the state so I think the lack of response is actually a benefit to us.

Wendy Christianson: I have recently been to three rural villages that were quite remote and my comment is that WIC services truly are unique in Alaska and I believe there is great value in providing one-on-one services to Natives in villages to ensure that they receive equity with other ethnic groups in the state.

Bob Anderson: A staffing ratio is a good thing to measure. It's not why are there so many RD's in one place and not as many in another. However, if you take baseline data and watch it change over time, you can ask the question "Why is it changing?" The answer can help lead to insights on better structuring of service delivery. Does it mean someone is becoming less efficient or more efficient? Are they addressing needs in a more cost effective manor or are they letting something get

out of control? Until you watch the changes and ask yourself the questions, you may not have the full picture.

Caseload Topics

Lynn Copoulos: What happens when you try to reach an ethnic population, but it ends up in a service area where there are lots of different ethnicities? Providence, Alaska Native Medical Center and other WIC programs are all serving different cultural groups, but we're all in the same service area. What do you do in a situation like that?

Bob Anderson: I don't think we (CTG) can answer that.

Daniel Collison: Is your question: "If there is an underserved population and they are in a service area where there are multiple providers, how do those providers serve that population?"

Lynn Copoulos: Right. If you do things by zip code, it contradicts the principle aspect of the client being able to go where they are most comfortable.

Bob Anderson: We are not looking at zip codes as a way to assign clients to an agency. If we looked at zip codes, we would see there could be up to five different agencies in one particular zip code. That is not where we are heading with this project.

Susan Hennon: I have a question with regards to the total caseload goal for the state. Is USDA going to be adjusting their figures? Is the overall number staying the same? Do you anticipate that USDA will be increasing it from the current 80% standard to a higher standard closer to 90%?

Dana Kent: When USDA did the STAR review they suggested 85-90% or higher, rather than the current 80%. We just received last week the 2004 state level estimate of infants and children. We can extrapolate information from that. It's down by 1.25% compared to what it was in 2003.

Daniel Collison: When we talked to USDA and with other states, the caseload standards that other states have is often higher than 90%. It can be 95% or higher. That would be the caseload standard as it applies to assigned caseload. For instance if the state agency and the local agency agree on an assigned caseload of 1,000 participants per month, and the caseload standard is 90%, then the expectation would be that the agency would serve a minimum of 900 participants per month.

Becky Carrillo: The 80% performance standard that we are currently using is based on the 1990 census. The recommendation from USDA to raise it from 80% to 95% accommodates some of the demographics of population changes. There are

currently local agencies meeting 90% to 95% of their assigned caseload. There are also agencies that have struggled to meet the 80% standard.

Diane Ingle: How do we determine what caseload should be? Take Anchorage for example, how do you determine what percentage of the case load each agency is responsible for?

Dana Kent: In my perspective it's just been a historical number that we've had. It really does not change to reflect increases or decreases in caseload. It's based on the USDA suggested number. We haven't changed it since 1989.

Becky Carrillo: The future adjustment of the caseload standard – 80% vs. 90% or more -- have been put on hold pending recommendations and findings from this project. The numbers that LA's are working with right now are from previous numbers provided to us.

Diane Ingle: There should be consideration given to what caseload will be in agencies located in multi-agency cities.

Becky Carrillo: We do not mandate, for instance in Anchorage, that clients must go to agency A or agency B. Although some definitions of geographic locations have been defined, we still anticipate that clients will have the flexibility to select the agency where they feel comfortable going.

Bob Anderson: What I would really like is to hear comments on anything where you said to yourself "Yeah, he's got it right here" or "Man, he missed this." That's the kind of information we would like to hear here.

Susan Hennon: My question has to do with the modeling of population dispersal that you're planning. Are you going to do it using the potential or actual clients?

I also have a comment with regards to other drivers for the funding formula. One thing that appeared to me was potentially time-consuming activities that are not represented in the findings. That has to do with vendor management. That can fall under administrative duties. But vendor management may vary quite a bit from agency to agency. I think some agencies have more vendors that they are responsible for monitoring and acting as liaison for, and I think this needs to also be considered.

Bob Anderson: Your right, that's not in the mix right now. Do you have a suggestion for the best way to ferret out that information?

Susan Hennon: Well, it's pretty straight forward, i.e. the number of vendors that each agency is responsible for overseeing. An agency probably has to spend an average amount of time overseeing each vendor. Some vendors are way more

time consuming than others. I think it merits consideration. It can take a pretty high amount of administrative time to handle the vendors.

Daniel Collison: Just for the benefit of the group can you describe what you consider those time consuming factors to be as far as vendor management?

Susan Hennon: Doing monitoring visits, and follow-up on miscommunications. This year has been time consuming in terms of the awkward transition of the new formulas. Visiting the stores and doing the training that we do on-site with the cashiers.

Ron Aryel: How much would you say there is an issue with vendor turnover?

Susan Hennon: I don't know if we have anyone from the state, the vendor staff. I was thinking for SEARHC there isn't a huge turnover with the vendors themselves. Sometimes they change ownership. The issue is the constant training that is involved because of the high cashier turnover.

Becky Carrillo: The state currently has about 215 vendors. There typically isn't high turnover with the vendors. But there is enormous turnover with the cashiers who directly deal with participants. Training is a moving target, because after a warrant have been issued and an error is identified, the cashier that may have been involved in that transaction is no longer there.

At the LA level, it may feel like they are constantly training vendors on policies and processes. And LA's may feel as if they are involved in more trouble-shooting of problems with vendors, which can take more time. The USDA requires that vendor training be done with 50% of Vendors in a specific agency every 2 years. I agree with Susan, but there are also long-term vendors who have a good track record and do not require the time that other vendors do.

In the last two years, preparations have been made enabling agencies and vendors to fully implement the cost containment provisions that USDA has required. The provisions involve setting price limitation criteria and authorization criteria. The effort has been very time intensive. It has required the cooperation of LA's, and placed an enormous burden on state vendor management staff.

Daniel Collison: Could you describe the number of vendors that you monitor? When you're going to travel to a rural village for client outreach, are you also trying to touch base with any vendors in that community?

Susan Hennon: Yes, we have about 26 vendors throughout southeast Alaska. When we go out to the villages, we always go to the store and spend a couple hours. The reason it's an issue is because it's time consuming and it can have very little to do with caseload. We use it as an outreach tool, and some vendors will have applications and posters or WIC brochures, so it's an outreach avenue. But in terms of actually increasing caseload, it doesn't necessarily correlate. The state

created training videos. There are WIC contacts at each store that are responsible for training new staff. The state is responsible for making sure they are following the rules.

Becky Carrillo: In terms of vendor training resources, the state has developed the vendor manual, a few vendor modules and training videos. The USDA has required that we implement interactive training resources for vendors, and the state has developed these.

Daniel Collison: I'm just trying to envision what the burden is for a local agency, and what I've heard you say it's two things: it's training vendor staff, and some type of monitoring. Is that accurate?

Susan Hennon: Well, those are two important pieces. Becky described all the follow-through that you have to go through on individual checks. That could be with the client or vendors.

Margaret Duggan: If there is a problem with the client and the store, we spend a lot of time investigating who did what and how it happened. Then you have to write a report, send a letter to the client, and send a copy to the state. Depending on how upset your clients are, it can be very time consuming.

Caren Webb: In my opinion it actually takes more time handling client/vendor problems than doing the vendor training itself: trying to implement changes in formula…educating clients and vendor staff about buying the least expensive brand…a WIC tag that isn't placed properly on the shelf…or client anger/confusion over WIC and/or vendor policies.

Gwen Anderson: Our Vendors here, we ask that they put one person in charge of WIC at the stores so we have one person to contact. This has been really beneficial to us. We find a lot of their problems come from internal miscommunications.

Bob Anderson: What we are trying to do with a funding formula is to have the proper result and simplify it as much as possible. This means that we need to identify all factors that have a statistically significant impact on WIC operations and minimize those factors that have less impact on WIC services.

Vendor management issues at the Local Agency isn't something we have heard about before. My first thought is to find if there is a correlation between something else we already know about. If so, we won't need to add another level of complexity to the formula. You've already said, Susan, that it doesn't really correlate with caseload. But do vendor management issues correlate with the number of clinics or the number of remote clinics we have out there?

Susan Hennon: Yes, I would say so.

Daniel Collison: As I understand, Susan, the correlation is with the number of vendors that an agency is assigned.

Bob Anderson: What we can do is look at the correlation with the number of clinics and the separate correlation with the vendors and see how strong the correlations are.

Daniel Collison: Just to give an example, I think right now we have between 210-220 vendors, and Susan has about 26 vendors that she's responsible for. This represents more than 10% of our total vendor population. We have 19 agencies so it appears that some agencies might be responsible for more vendors than others.

Kathleen Wayne: There doesn't appear to be a strong correlation between vendors and off-site clinics, because Ester has a number of off-site clinics whose clients are served by the mail-order vendor, as opposed to village vendors.

Ester Ocampo: There are 48 villages and we monitor and train 42 vendors. We monitor them very closely. Weather factors in because if the planes can't deliver products, then the vendors are noncompliant. The alternate is sending MOV food boxes to our clients. Clients are unhappy with this alternative because they don't receive the fresh eggs and milk that they would from the vendors. Also, MOV boxes don't come very timely.

Wendell Rylander: It looks like there is a significant dispersion factor when handling vendors in rural areas vs. urban. If the WIC population is dispersed across a greater area, you may need to have a greater number of vendors who provide food to these clients. This adds to the cost of providing WIC services.

Ester Ocampo: Correct.

Becky Carrillo: When authorizing vendors, the state asks that the village have at least ten clients to make it worth while. Some villages may have more stores, but it is also a question of access for participants. Sometimes there are a disproportionate number of vendors in an area in comparison to the number of clients.

Elaine Nisonger: Sometimes because we have so many vendors to choose from it poses problems. Like with the formula changes. Sometimes clients would have to go from store to store trying to find the right one. It takes time and money. It also takes administrative time.

Bob Anderson: Susan asked about how we're modeling the dispersal with people and whether the model is with potential or actual clients. We're finding data sets with the census that lets us know the total population in an area. We can also match the active WIC caseload with zip codes. We have data from Medicaid by zip code that lets us know where some outreach population is.

Shawn Powers: Are you using the 2000 census?

Bob Anderson: Yes.

Diane Ingle: Are a clinic's hours of availability to see clients going to be taken into consideration when it comes to funding? Is the funding formula's goal to achieve "X" number of clients? If it is, then shouldn't it take this into consideration?

Bob Anderson: I think we're looking through the same tube form different ends. What we're trying to do is to identify the caseload that we think you can handle and then give you the money to handle that caseload. If you are being so efficient that you can handle that caseload in half the time you thought, then a flag goes up. Something's going on here. Maybe you're doing things the way they need to be done, and other agencies can learn from that.

Chris Carson: Has CTG taken a look at the past funding structure with the grantees and the number of clients served based on the amount of the grant award? Is this done to get a statewide cost and an individual cost of each agency?

Bob Anderson: Yes, a lot of our data is done by grantee.

Lynn Copoulos: I just want to say that I think it's really important to support programs that are open on the weekends because they are serving a group of clients that can't come Monday through Friday.

Ron Aryel: The purpose of the funding formula is not to tell you how to reach your case load or how to run your clinic. Rather, the formula gives you the resources so that you can run your clinic appropriately. If you keep your clinic open on the weekend, that's you business. It's not appropriate to base funding decisions on the individual decisions made by the agencies to run their clinic.

Becky Carrillo: Each LA's decision to stay open extended hours means for clients that they don't have to incur additional childcare costs; they don't have to take leave from work. And as Ron says, it makes the LA more accessible. We hope that the LA's feel that the state is giving them the latitude to structure their clinics according to how their staffing resources are set up.

Fatima Hoger: I think it is a very important question of what is the funding formula going to do for us. I think it is a long-term process of coming up with the best solution for the funding formula that is unique. The key is this funding formula and caseload projection. Once we are there, then we need to really think about quality services. Yes, we need the money but it's more than just a formula for how much money and how many people we can serve. If we serve 32,000, then that's wonderful. But is it going to be quality services?

Diane Ingle: Will you be taking into account in the funding formula the cost of salaries in rural vs. urban areas? If each agency is held accountable for a set caseload, how

do you take into consideration when people aren't required to go to a certain agency and more people go to one and less to another (like in Anchorage or Fairbanks)? How would the funds be distributed equitably?

Ron Aryel: Just because one agency is open more hours than another doesn't mean they should receive more funding. It's taking that one factor in isolation of everything else. We want you to be able to serve your clients, but it's your issue.

Kathleen Wayne: I agree that the funding formula is not going to determine availability and access. Those will be evaluated by the state agency when evaluating an LA's administrative practices. The funding formula is not going to determine that. But the state will have comment, recommendations, and strategies for LA's to follow in order to meet their caseload.

David Brown: I think the major problem you are going to have with the funding formula is found with a contradiction with the state's goal. The state's goal is to increase caseload, decreasing cost, and improving health. Which goal do we want to address more: increasing caseload and decreasing cost or the health issues in the rural area? The problem with the funding formula is balancing the two.

Daniel Collison: The overall structure of the funding formula is primarily based on caseload. Other things that could potentially be factors in a funding formula are geographical cost differences and travel costs. Other potential factors that have come out in these findings are the number of high risk participants and the number of breastfeeding mothers. Today, we are hearing that the number of vendors an agency is responsible for could also potentially be incorporated into a funding formula.

Diane Ingle: Are you taking into consideration the cost of buying supplies, considering the cost will be different for agencies.

Becky Carrillo: Each agency is allotted an amount in its budget for purchasing supplies depending on their caseload.

Kathleen Wayne: It goes back to what the recommendations are from CTG regarding service areas or those structures. If it comes down to larger service areas that all equally have the buying power that you have had in the past, then it would make sense that we purchase supplies at the state level. Until we get the recommendations from CTG, these kinds of questions won't be addressed.

Bob Anderson: When you say there are large discrepancies, what do you consider a large discrepancy?

Margaret Duggan: Well, for example, when the Municipality had to buy microcuvettes, we spent $15,000 a year. We had to buy our own gloves as well.

Bob Anderson How big would the variance be as a percentage to the budget?

Margaret Duggan: I cannot answer that.

Daniel Collison: Just to put perspective on this particular point. We know that about three-quarters of LA funding is dedicated to personnel services. And 12-13% goes to non-personnel services such as travel, facility expenses, supplies, etc. Another 12-13% goes to indirect services. Somewhere within that 12-13% that goes to non-personnel services is the supply budget.

One thing that we have to keep in mind is that we want a funding formula is simple and that everyone – including LA's -- can easily figure out. We can't address all factors that impact WIC services. We need to focus on those factors that most impact your day-to-day operations.

Caren Webb: Would you anticipate a funding formula that capped costs in rural vs. urban areas? At what point do we say we can't service those clients?

Bob Anderson: If you have a higher caseload in an area, they probably would get more money. As to how much money should be spent to reach the last possible client, there has to be a theoretical limit. We don't have anything built in that limits it, but the last person you could possible enroll may cost $40,000 to reach. We probably would not be able to do it in reality.

Kathleen Wayne: The funding formula is going to be a fixed rate. The state still has the responsibility and the ability to determine where to build caseload. The State will determine growth. We will look at resources in the large communities and in the rural communities. Where does it make sense for us to increase caseload? Based on historical information and based on growth in the areas around the state which CTG is going to give us. Where do we put that caseload? Yes, it is going to cost more to get services out to the rural area but we know that there are also less services out there. We know that we have to put money out there to get people the resources. That is where the funding formula is not going to enter into that discussion.

David Brown: There is going to be a point where you're going to want to increase the caseload and keep the cost down. In rural areas, it's going to take a lot of money to find fewer clients and in the urban area it's going to take less money to find more clients. So where on the funding formula are we going to put that?

Kathleen Wayne: I don't know. That is a question for CTG. CTG will tell us if that's possible or not.

Caren Webb: How will year-to-year growth in benefits and salary increases factor into a funding formula?

Bob Anderson: Part of the structure of this formula is that we have several different factors like people's salaries and benefits, and cost of travel. Supporting those factors are datasets we've gathered. What we're trying to do is find datasets that will model what's going on in the program like with energy price changes, salary changes, more agencies, and more travel responsibilities. As the datasets change, we will look at them and weight each factor. Some of the datasets are updated every year and some every three months. Some haven't been updated since the 1980's. In time, as we find additional datasets or better updated datasets, we can adjust the funding formula.

Elaine Nisonger: At our military clinics, there are a number of non-resident births that could potentially be enrolled as WIC clients through our clinic.

Anne Burtness: Medicaid data doesn't take into account that less than 10% of potential military WIC clients do not apply for Medicaid because they already have health care available through the military. Trying to identify prospective WIC clients through military data sources is very difficult. There is also a large fluctuation in military employees and dependants, especially during a time of war.

Bob Anderson: How would you extract potential caseload on military bases if the military is reluctant to release applicable datasets?

David Brown: I think the military, particularly the Air Force, is very reluctant to give out this data. The bottom line is that there are roughly 100,000 military people that aren't being accounted for with Medicaid data.

Daniel Collison: If the military gave you those figures, how do you project caseload based on those?

David Brown: Actually it would be very easy to project case load depending on the detail they would be willing to give us. They have a complete breakdown of personnel by rank of soldiers, and this has a direct relationship with caseload.

Anne Burtness: Don't you think the actual number of military people is reflected in the census data?

David Brown: Yes, but the last census was done 6 years ago. The number of military personnel in Alaska has increased dramatically since then.

Elaine Nisonger: Last year, they increased Fort Richardson by 3,500 soldiers and then also sent them over to Iraq. That made a great impact on our caseload which increased and decreased. We have a great variance in caseload.

Bob Anderson: What happens to the families when 3,500 soldiers come to Alaska and then get deployed? Do the families move up to Alaska and then go home, or do they remain in Alaska?

Elaine Nisonger: There are large majorities that go to the lower 48 to be with their extended families, because we are so isolated and it is so dark and we have such a severe winter.

Bob Anderson: So normal census data is not going to help us project military caseload because of the fluctuations in major conflicts in the world and the resulting fluctuation in population at military bases. A ten year census snap shot is not a good picture.

Daniel Collison: David, you had mentioned that the military might be able to provide the total population associated with the base with a breakdown by pay grade. How does this help us project caseload, if we don't know how many dependents are associated with, for instance, one soldier.

Elaine Nisonger: At Fort Richardson, this information is broken down by pay grade and by dependants.

Janelle Gomez: I was thinking of other states and how they might handle this situation. Since the military population fluctuates so frequently and the population isn't necessarily identified as Alaskan, I wonder if it would be helpful to look at other states to see how they handle their deployments and families moving around.

Bob Anderson: That could be a good question to ask.

Fatima Hoger: I think the soldiers here in Alaska are considered OCONUS. It may be helpful to talk to the overseas WIC programs about how they handle the fluctuating deployments of their military WIC families. Overseas WIC programs may have better information on how these movements take place.

Diane Ingle: Is it possible for Medicaid, when sending out applications, to indicate that Medicaid-eligible participants are also eligible for WIC?

Dana Kent: We have talked to Medicaid about this frequently.

Caren Webb: Can we project caseload with a dataset other than Medicaid? Some people do not want to be on Medicaid, because they are concerned about being considered "welfare". It seems like we are overly focused on Medicaid.

Bob Anderson: The reason we have focused on Medicaid is because the dataset is easily accessible and has tremendous value. If there is an outreach quota all these people are going to fill that quota.

Daniel Collison: We can't easily get at those numbers from the military.

Bob Anderson: You can do a longitude study of people from the military.

Caren Webb: Did you look at info from other states besides Missouri and Montana?

Daniel Collison: Yes, but we didn't get much response from other states. But we did find that both Missouri and Montana both funded LA's at a flat rate statewide. Neither incorporated factors such as geographic cost differentials and travel costs. We also asked USDA for input, but we did not get much response from them.

Shawn Powers: A couple other resources you might try are the Food Research and Action Center in DC, also the National WIC Association.

Susan Hennon: When you're putting the formula together it might make sense to put together average caseload over "X" number of years, rather than a yearly basis.

David Brown: If you use the average caseload if the clinic is growing it will shortchange funding.

Caren Webb: Would an agency's in-kind contributions factor into a funding formula? It could be a big factor if one agency has more resources than others.

Bob Anderson: No, it's not a predictable factor for funds distribution for the state.

Wendell Rylander: CTG will be happy to take additional comments by phone or e-mail.

Daniel Collison: The State Agency anticipates that the next step in this process is to have a final report, prepared by CTG, by the end of November.